



MAINE STATE BOARD OF NURSING

158 State House Station • Augusta, ME 04333-0158
Phone (207) 287-1133 Fax (207) 287-1149 TDD (207) 287-1151

APPLICATION FOR EXAMINATION AND LICENSE AS A LICENSED PRACTICAL NURSE

DO NOT WRITE IN THIS SPACE

Application Received Application approved by Board of Nursing:
Fee: Cash Check MO
Receipt No.
Authorization No. Date Issued
Expiration Date
Examination Date
Re-examination Date/s
License Date NCLEX Form
LICENSE NUMBER

INSTRUCTIONS. An applicant for the practical nurse examination and license must submit to the office of the Board of Nursing at least 30 days before the scheduled date of the licensure examination the following:

1. application form completed in ink or typewritten and properly notarized with signature in applicant's handwriting, and
2. required fee of \$50.00 in the form of a check or money order, made payable to the Treasurer of State of Maine, and
3. two recent passport type photographs (not more than two years old), signed and dated, and enclosed with application form as indicated.

THE APPLICATION FEE IS NOT REFUNDABLE.

SECTION I. PROFILE INFORMATION

Print legal name
(first) (middle) (maiden) (last)
List any other names used previously
Mailing address
(street and number or route)
.....
(city) (county) (state and zip code)
Telephone number Social Security Number
Birthplace Date of Birth
month/day/year
High School
name and location
Date of Graduation G.E.D. Yes ☐ No ☐ Date of G.E.D. Diploma

SECTION II. NURSING EDUCATION

School of Practical Nursing
name

.....
address

Date of Entrance Date of Graduation Length of Program

SECTION III. TO BE COMPLETED BY ADMINISTRATIVE OFFICER OF SCHOOL OF NURSING

I hereby certify that
(applicant's name)

.....
(applicant's address)

has successfully completed the prescribed nursing education program in the

.....
(name of school)

and was graduated on
(month/day/year)

.....
(signature)

SCHOOL SEAL

.....
(title)

.....
(name of school)

SECTION IV. EXAMINATION HISTORY

Have you ever taken an examination for practical nurse licensure?

☐ Yes If yes, indicate state(s) and date(s).

☐ No

.....
.....
.....

SECTION V. OTHER INFORMATION

Have you ever been convicted of a crime other than minor traffic violations?

☐ Yes (If yes, explain including disposition.)

☐ No

.....

.....

.....

THIS FORM MUST BE NOTARIZED

Staple
one recent photograph

Sign back of photo and
indicate year taken

Photo must be:
Full Face View
Passport Type
Clear and recognizable
likeness

I, the undersigned, being duly sworn, say that I am the person referred to in this application for licensure in the State of Maine, that the statements contained herein and on all attachments are true and correct in every respect, that I have complied with all requirements of the law, and that I have read and understood this affidavit.

Signature of Applicant _____

Sworn to before me this _____ day of _____, 19 ____.

(SEAL)

Notary Public _____

My commission expires _____ in and for the State of _____



STATE OF MAINE
BOARD OF NURSING
158 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0158

JOHN ELIAS BALDACCI
GOVERNOR

DECLARATION OF PRIMARY STATE OF RESIDENCE

MYRA A. BROADWAY, J.D., M.S., R.N.
EXECUTIVE DIRECTOR

Name: _____ License# _____

Social Security Number _____ Permanent/Residential Address:

(Apartment #, RR#, Street)

(City, State, and Zip Code)

Mailing address: (If same as above check here _____)

(PO Box, Apartment #, RR#, Street)

(City, State, and Zip Code)

Telephone Number _____ Email address: _____

() Yes () No Are you currently employed in the U.S. Military (Active Duty) or
the U.S. Federal Government?

In accordance with Chapter 11 Regulations Relating to the Nurse Licensure Compact
Part II, 2.a. of the Nurse Licensure Compact Rules and Regulations, I declare that the
State of _____ is my primary state of residence and is my legal state of residence.

I affirm that the contents of this document are true and correct to the best of my
knowledge and belief. Providing false or misleading information may result in
disciplinary action by the Board.

(Signature)

(Date)

(Print Name)



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